

State of South Carolina



Office of the State Auditor

1401 MAIN STREET, SUITE 1200
COLUMBIA, S.C. 29201

THOMAS L. WAGNER, JR., CPA
STATE AUDITOR

(803) 253-4160
FAX (803) 343-0723

September 12, 2001

Mr. Steven Gentzler, CFO
Connelly Management, Inc.
410 Mill Street, Suite 201
Mt. Pleasant, South Carolina 29464

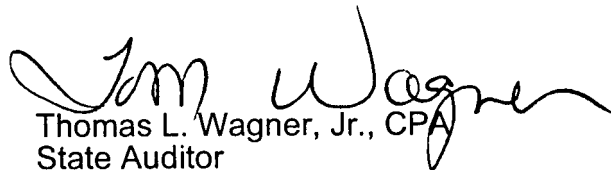
Re: AC# 3-BAY-J7 – Bay View Nursing Center, Inc.

Dear Mr. Gentzler:

The accompanying report has been prepared by our office based on your Medicaid Financial and Statistical Report submitted to the Department of Health and Human Services for the cost report period October 1, 1996 through September 30, 1997. That report was used to set the rate covering the contract periods beginning October 1, 1998.

We are recommending that the Department of Health and Human Services certify an accounts receivable to recover amounts due as a result of the rate change shown on Exhibit A. You will be notified of repayment terms by that Agency.

If you take exception to this report in any manner, you have the right to appeal in accordance with the Code of Laws of South Carolina, 1976 as amended, Title 44, and Department of Health and Human Services Regulation R.126-150, and you must respond in writing within thirty (30) calendar days of the date of this letter. This written response must address the specific items in the report being appealed, and must be directed to the Appeals and Hearings, Department of Health and Human Services, Post Office Box 8206, Columbia, South Carolina 29202-8206. Any correspondence should include the control number appearing on Exhibit A of this report.


Thomas L. Wagner, Jr., CPA
State Auditor

TLWjr/kss

cc: Ms. Brenda L. Hyleman
Mr. Jeff Saxon
Mr. Joseph Hayes

BAY VIEW NURSING CENTER, INC.

BEAUFORT, SOUTH CAROLINA

**CONTRACT PERIODS
BEGINNING OCTOBER 1, 1998
AC# 3-BAY-J7**

REPORT ON CONTRACT

FOR

PURCHASE OF NURSING CARE SERVICES

WITH

STATE OF SOUTH CAROLINA

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CONTENTS

| | <u>EXHIBIT OR SCHEDULE</u> | <u>PAGE</u> |
|---|---|--------------------|
| INDEPENDENT ACCOUNTANT'S REPORT ON APPLYING AGREED-UPON PROCEDURES | | 1 |
| COMPUTATION OF RATE CHANGE FOR THE CONTRACT PERIODS BEGINNING OCTOBER 1, 1998 | A | 3 |
| COMPUTATION OF ADJUSTED REIMBURSEMENT RATE FOR THE CONTRACT PERIOD OCTOBER 1, 1998 THROUGH NOVEMBER 30, 1998 | B-1 | 4 |
| COMPUTATION OF ADJUSTED REIMBURSEMENT RATE FOR THE CONTRACT PERIODS DECEMBER 1, 1998 THROUGH SEPTEMBER 30, 1999 | B-2 | 5 |
| SUMMARY OF COSTS AND TOTAL PATIENT DAYS FOR THE COST REPORT PERIOD ENDED SEPTEMBER 30, 1997 | C | 6 |
| ADJUSTMENT REPORT | 1 | 8 |
| COST OF CAPITAL REIMBURSEMENT ANALYSIS | 2 | 9 |

State of South Carolina



Office of the State Auditor

1401 MAIN STREET, SUITE 1200
COLUMBIA, S.C. 29201

THOMAS L. WAGNER, JR., CPA
STATE AUDITOR

(803) 253-4160
FAX (803) 343-0723

INDEPENDENT ACCOUNTANT'S REPORT ON APPLYING AGREED-UPON PROCEDURES

May 4, 2000

Department of Health and Human Services
State of South Carolina
Columbia, South Carolina

We have performed the procedures described below, which were agreed to by the South Carolina Department of Health and Human Services, solely to compute the rate change and related adjusted reimbursement rate to be used by the Department in determining the reimbursement settlement with Bay View Nursing Center, Inc., for the contract periods beginning October 1, 1998, and for the twelve month cost report period ended September 30, 1997, as set forth in the accompanying schedules. This engagement to apply agreed-upon procedures was performed in accordance with standards established by the American Institute of Certified Public Accountants. The sufficiency of the procedures is solely the responsibility of the Department of Health and Human Services. Consequently, we make no representation regarding the sufficiency of the procedures described below either for the purpose for which this report has been requested or for any other purpose.

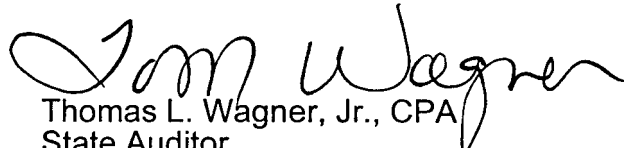
The procedures and the associated findings are as follows:

1. We tested selected costs or areas based on our analytical procedures applied to the reimbursable Medicaid program costs as shown on the Financial and Statistical Report for Nursing Homes, as filed by Bay View Nursing Center, Inc., to determine if these costs were allowable as defined by the State Plan for Medicaid reimbursement purposes and supported by accounting and statistical records maintained by the provider. Our findings as a result of these procedures are presented in the Adjustment Report, Summary of Costs and Total Patient Days, and Cost of Capital Reimbursement Analysis sections of this report.
2. We recomputed the Computation of Reimbursement Rate using the adjusted costs and calculated the rate change in accordance with the provisions of the contract between the Department of Health and Human Services and Bay View Nursing Center, Inc. dated as of October 1, 1994 as amended. Our findings as a result of these procedures are presented in the Computation of Rate Change and Computations of Adjusted Reimbursement Rate sections of this report.

Department of Health and Human Services
State of South Carolina
May 4, 2000

We were not engaged to, and did not, perform an audit, the objective of which would be the expression of an opinion on the specified elements, accounts, or items. Accordingly, we do not express such an opinion. Had we performed additional procedures, other matters might have come to our attention that would have been reported to you.

This report is intended solely for the information and use of the South Carolina Department of Health and Human Services and is not intended to be and should not be used by anyone other than the specified party.


Thomas L. Wagner, Jr., CPA
State Auditor

BAY VIEW NURSING CENTER, INC.

Computation of Rate Change
For the Contract Periods
Beginning October 1, 1998
AC# 3-BAY-J7

| | 10/01/98- <u>11/30/98</u> | 12/01/98- <u>09/30/99</u> |
|--------------------------------|------------------------------|------------------------------|
| Interim reimbursement rate (1) | \$79.25 | \$80.00 |
| Adjusted reimbursement rate | <u>76.84</u> | <u>77.59</u> |
| Decrease in reimbursement rate | \$ <u>2.41</u> | \$ <u>2.41</u> |

(1) Interim reimbursement rate from the South Carolina Medicaid Management Information System (MMIS) Provider Rate Listing dated December 3, 1999.

BAY VIEW NURSING CENTER, INC.
Computation of Adjusted Reimbursement Rate
For the Contract Period October 1, 1998 Through November 30, 1998
AC# 3-BAY-J7

| | <u>Incentives</u> | <u>Allowable Cost</u> | <u>Cost Standard</u> | <u>Computed Rate</u> |
|--|-------------------|---------------------------|--------------------------|--------------------------|
| <u>Costs Subject to Standards:</u> | | | | |
| General Services | | \$33.44 | \$45.26 | |
| Dietary | | 8.96 | 9.44 | |
| Laundry/Housekeeping/Maint. | | <u>7.05</u> | <u>7.70</u> | |
| Subtotal | <u>\$4.37</u> | 49.45 | 62.40 | \$49.45 |
| Administration & Med. Rec. | <u>\$4.07</u> | <u>6.31</u> | <u>10.38</u> | <u>6.31</u> |
| Subtotal | | 55.76 | <u>\$72.78</u> | 55.76 |
| <u>Costs Not Subject to Standards:</u> | | | | |
| Utilities | | 2.34 | | 2.34 |
| Special Services | | - | | - |
| Medical Supplies & Oxygen | | 4.95 | | 4.95 |
| Taxes and Insurance | | 1.64 | | 1.64 |
| Legal Fees | | <u>.25</u> | | <u>.25</u> |
| TOTAL | | <u>\$64.94</u> | | 64.94 |
| Inflation Factor (3.60%) | | | | 2.34 |
| Cost of Capital | | | | 7.56 |
| Cost of Capital Limitation | | | | - |
| Profit Incentive (Max. 3.5% of Allowable Cost) | | | | 2.27 |
| Cost Incentive | | | | 4.37 |
| Effect of \$1.75 Cap on Cost/Profit Incentives | | | | (4.89) |
| Minimum Wage Add-on | | | | <u>.25</u> |
| ADJUSTED REIMBURSEMENT RATE | | | | <u>\$76.84</u> |

BAY VIEW NURSING CENTER, INC.

Computation of Adjusted Reimbursement Rate
For the Contract Periods December 1, 1998 Through September 30, 1999
AC# 3-BAY-J7

| | <u>Incentives</u> | <u>Allowable Cost</u> | <u>Cost Standard</u> | <u>Computed Rate</u> |
|--|-------------------|---------------------------|--------------------------|--------------------------|
| <u>Costs Subject to Standards:</u> | | | | |
| General Services | | \$33.44 | \$45.26 | |
| Dietary | | 8.96 | 9.44 | |
| Laundry/Housekeeping/Maint. | | <u>7.05</u> | <u>7.70</u> | |
| Subtotal | <u>\$4.37</u> | 49.45 | 62.40 | \$49.45 |
| Administration & Med. Rec. | <u>\$4.07</u> | <u>6.31</u> | <u>10.38</u> | <u>6.31</u> |
| Subtotal | | 55.76 | <u>\$72.78</u> | 55.76 |
| <u>Costs Not Subject to Standards:</u> | | | | |
| Utilities | | 2.34 | | 2.34 |
| Special Services | | - | | - |
| Medical Supplies & Oxygen | | 4.95 | | 4.95 |
| Taxes and Insurance | | 1.64 | | 1.64 |
| Legal Fees | | <u>.25</u> | | <u>.25</u> |
| TOTAL | | <u>\$64.94</u> | | 64.94 |
| Inflation Factor (3.60%) | | | | 2.34 |
| Cost of Capital | | | | 7.56 |
| Cost of Capital Limitation | | | | - |
| Profit Incentive (Max. 3.5% of Allowable Cost) | | | | 2.27 |
| Cost Incentive | | | | 4.37 |
| Effect of \$1.75 Cap on Cost/Profit Incentives | | | | (4.89) |
| CNA Add-on | | | | .75 |
| Minimum Wage Add On | | | | <u>.25</u> |
| ADJUSTED REIMBURSEMENT RATE | | | | <u>\$77.59</u> |

BAY VIEW NURSING CENTER, INC.
Summary of Costs and Total Patient Days
For the Cost Report Period Ended September 30, 1997
AC# 3-BAY-J7

| <u>Expenses</u> | Totals (From Schedule SC 13) as <u>Adjusted by DH&HS</u> | Adjustments <u>Debit</u> | <u>Credit</u> | <u>Adjusted Totals</u> |
|-------------------------------------|--|-----------------------------|------------------|----------------------------|
| General Services | \$2,272,897 | \$ - | \$ - | \$2,272,897 |
| Dietary | 607,681 | 1,161 (3) | - | 608,842 |
| Laundry | 44,160 | 1,532 (3) | - | 45,692 |
| Housekeeping | 319,509 | - | - | 319,509 |
| Maintenance | 113,509 | 338 (3) | - | 113,847 |
| Administration & Medical Records | 532,360 | - | 103,556 (1) | 428,804 |
| Utilities | 158,930 | - | - | 158,930 |
| Special Services | - | - | - | - |
| Medical Supplies & Oxygen | 336,679 | - | - | 336,679 |
| Taxes and Insurance | 163,430 | - | 51,886 (2) | 111,544 |
| Legal Fees | 20,653 | - | 3,763 (4) | 16,890 |
| Cost of Capital | <u>517,313</u> | <u>349</u> (5) | <u>4,079</u> (2) | <u>513,583</u> |
| Subtotal | 5,087,121 | 3,380 | 163,284 | 4,927,217 |
| Ancillary | 117,591 | - | - | 117,591 |

BAY VIEW NURSING CENTER, INC.
Summary of Costs and Total Patient Days
For the Cost Report Period Ended September 30, 1997
AC# 3-BAY-J7

| <u>Expenses</u> | Totals (From Schedule SC 13) as <u>Adjusted by DH&HS</u> | Adjustments <u>Debit</u> | <u>Credit</u> | Adjusted <u>Totals</u> |
|-----------------------------|--|---|-----------------------------|-----------------------------|
| Non-Allowable | 522,072 | 103,556 (1) 55,965 (2) <u>3,763 (4)</u> | 349 (5) | 685,007 |
| | <u> </u> | <u> </u> | <u> </u> | <u> </u> |
| Total Operating Expenses | <u>\$5,726,784</u> | <u>\$166,664</u> | <u>\$163,633</u> | <u>\$5,729,815</u> |
| Total Patient Days | <u>67,978</u> | <u>-</u> | <u>-</u> | <u>67,978</u> |
| Total Beds | <u>192</u> | | | |

BAY VIEW NURSING CENTER, INC.
Adjustment Report
Cost Report Period Ended September 30, 1997
AC# 3-BAY-J7

| <u>ADJUSTMENT NUMBER</u> | <u>ACCOUNT TITLE</u> | <u>DEBIT</u> | <u>CREDIT</u> |
|------------------------------|---|------------------------------|------------------|
| 1 | Nonallowable Administration | \$103,556 | \$103,556 |
| | To reclassify interest expense HIM-15-1, Sections 202.2 and 202.3 | | |
| 2 | Nonallowable Taxes and Insurance Cost of Capital | 55,965 | 51,886 4,079 |
| | To disallow amortization and mortgage insurance applied to nonallowable borrowing HIM-15-1, Sections 202.2 and 2304 | | |
| 3 | Start-Up Costs Dietary Laundry Maintenance Other Equity | 758 1,161 1,532 338 | 3,789 |
| | To record start-up costs HIM-15-1, Section 2132 | | |
| 4 | Nonallowable Legal Fees | 3,763 | 3,763 |
| | To reclassify legal settlement costs HIM-15-1, Section 2160 | | |
| 5 | Cost of Capital Nonallowable | 349 | 349 |
| | To adjust capital return State Plan, Attachment 4.19D | | |
| | | <hr/> | <hr/> |
| | TOTAL ADJUSTMENTS | <u>\$167,422</u> | <u>\$167,422</u> |

Due to the nature of compliance reporting, adjustment descriptions and references contained in the preceding Adjustment Report are provided for general guidance only and are not intended to be all-inclusive.

BAY VIEW NURSING CENTER, INC.
Cost of Capital Reimbursement Analysis
For the Cost Report Period Ended September 30, 1997
AC# 3-BAY-J7

| | <u>Old Beds</u> | <u>New Beds</u> | |
|---|-----------------------|-----------------------|-----------------------|
| Original Asset Cost (Per Bed) | \$ 15,618 | \$ 15,618 | |
| Inflation Adjustment | <u>2.1814</u> | <u>2.1814</u> | |
| Deemed Asset Value (Per Bed) | 34,069 | 34,069 | |
| Number of Beds | <u>132</u> | <u>60</u> | |
| Deemed Asset Value | 4,497,108 | 2,044,140 | |
| Improvements Since 1981 | 693,698 | 12,342 | |
| Accumulated Depreciation at 9/30/97 | <u>(1,460,290)</u> | <u>(266,873)</u> | |
| Deemed Depreciated Value | 3,730,516 | 1,789,609 | |
| Market Rate of Return | <u>.067</u> | <u>.067</u> | |
| Total Annual Return | 249,945 | 119,904 | |
| Return Applicable to Non-Reimbursable Cost Centers | (2,424) | (1,163) | |
| Allocation of Interest to Non-Reimbursable Cost Centers | <u>1,248</u> | <u>599</u> | |
| Allowable Annual Return | 248,769 | 119,340 | |
| Depreciation Expense | 101,410 | 67,782 | |
| Amortization Expense | 4,054 | - | |
| Capital Related Income Offsets | (16,181) | (7,763) | |
| Allocation of Capital Expense to Non-Reimbursable Cost Centers | <u>(2,587)</u> | <u>(1,241)</u> | <u>Total</u> |
| Allowable Cost of Capital Expense | 335,465 | 178,118 | 513,583 |
| Total Patient Days (Minimum 97% Occupancy) | <u>46,735</u> | <u>21,243</u> | <u>67,978</u> |
| Cost of Capital Per Diem | \$ <u><u>7.18</u></u> | \$ <u><u>8.38</u></u> | \$ <u><u>7.56</u></u> |

BAY VIEW NURSING CENTER, INC.
Cost of Capital Reimbursement Analysis
For the Cost Report Period Ended September 30, 1997
AC# 3-BAY-J7

| | <u>Old Beds</u> | <u>New Beds</u> |
|--|---------------------|---------------------|
| 6/30/89 Cost of Capital and Return on Equity Capital Per Diem Reimbursement | \$4.89 * | \$ N/A |
| Adjustment for Maximum Increase | <u>3.99</u> | <u>N/A</u> |
| Maximum Cost of Capital Per Diem | <u>\$8.88</u> | <u>\$8.38</u> |
| Reimbursable Cost of Capital Per Diem | | \$7.56 |
| Cost of Capital Per Diem | | <u>7.56</u> |
| Cost of Capital Per Diem Limitation | | <u>\$ -</u> |

* Cost of Capital and Return on Equity Capital Per Diem as recalculated by DH&HS, as a result of settlement agreement, and communicated to the provider by letter dated January 6, 1995.

2 copies of this document were published at an estimated printing cost of \$1.38 each, and a total printing cost of \$2.76. The FY 2001-02 Appropriation Act requires that this information on printing costs be added to the document.